

AFIP/ DIVISION OF FORENSIC TOXICOLOGY - TOXICOLOGICAL REQUEST FORM

TO:

ARMED FORCES INSTITUTE OF PATHOLOGY
ATTN: DIVISION OF FORENSIC TOXICOLOGY
BUILDING 54
6825 16TH STREET, N.W.
WASHINGTON, DC 20306-6000

FORWARD FINAL REPORT TO:

Department of Pathology
Bayne-Jones Army Community Hospital
1585 3rd Street
Fort Polk, LA 71459-5110

NAME OF PATIENT (<i>Last, First, MI</i>)	SOCIAL SECURITY #	AGE	SEX	RACE

DATE OF INCIDENT/ ACCIDENT	TIME AND DATE OF DEATH	AUTOPSY #

MEDICATION HISTORY (*Prescribed or administered, in patient's possession, containers found near body, etc.*)

SPECIMEN/ AMOUNT	SPECIMEN/ AMOUNT	SPECIMEN/ AMOUNT
1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.

INCIDENT/ ACCIDENT DETAILS (*Include pertinent information regarding crash site, autopsy or investigation; (e.g., What happened?)*)

PRINTED NAME OF REQUESTER/ TITLE	SIGNATURE	DATE	TELEPHONE #:
			COMM: DSN: FAX:

CHAIN OF CUSTODY (CC)

Each individual charged with custody of specimens must complete information below (continue CC on reverse as required).

RELEASED BY	RECEIVED BY	DATE & TIME	PURPOSE OF TRANSFER
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		
SIGNATURE	SIGNATURE		
PRINTED NAME	PRINTED NAME		

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